

CHAPTER 8 - LEAVE AND HOLIDAYS

8.1 GENERAL

Employee leave benefits and holidays are governed by ADOA Personnel Rules. Special attention must be given to the relationship between holidays and overtime. This is treated in Chapter 9. All requests for leave are to be made in advance by written application. Failure to have prior written approval can result in the leave not being approved, and considered as Unauthorized Leave Without Pay.

8.2 SICK/ANNUAL LEAVE

An employee accrues sick and annual leave only when he/she is in paid status at least half of a pay period. REMEMBER sick and annual leave are not earned until the end of the pay period and cannot be advanced.

The following example shows the importance of timing and leave accrual

Mr. Employee has a sick leave balance of five hours and is ill on the last Friday of the pay period using eight hours leave time. Since he only has five hours accrued, five hours sick leave time is consumed and the remaining three hours are deducted either from compensatory or annual leave, or, if these have been expended, he will be placed on leave without pay (LWOP). At the conclusion of that day 3.70 hours sick leave will then be added to the sick leave balance of 0.

It is important that leave be reported for the purpose for which it is used. The Payroll Clerk will make necessary adjustment for over-usage and report them back to the supervisor.

8.3 HOLIDAY LEAVE

State employees receive paid holidays as approved by statute. It should be recorded as such on the Time & Attendance Report and will be recorded as such on the annual leave balance. On days that the holiday lands on a PPMR ECON Day, the observance of the holiday is moved to the next day.

When an employee is required to work on a holiday, he/she is to be reimbursed on a hour-for-hour basis with Holiday Leave Earned. It should be recorded as such on the Time & Attendance Report and will be recorded as such on the employees' leave record. The Arizona Revised Statutes provide for a maximum of eight hours holiday leave per holiday.

8.4 FIREFIGHTERS HOLIDAY LEAVE

Holiday leave has been built into the base pay of firefighters and, therefore, firefighters receive no additional holiday compensation either in the form of annual leave earned or days off.

8.5 MILITARY LEAVE

An employee who is absent on competent military orders will be charged with military leave on an hour-for-hour basis for the equivalent number of hours for which he/she is scheduled to work. Accounting for military leave will be in terms of hours only.

An employee on military leave whose initial military duty day commences in the later hours of the established civilian workday should not be required to report to his civilian job before entering military control. Often, a travel status is entered for the purpose of reporting to active duty the next calendar day. When travel commences in the later part of the established civilian work day and the employee does report to work, the travel time under military control will be charged to annual or compensatory leave in lieu of military leave. In absence of any available leave, the employee will be placed on LWOP.

In determining the number of hours military leave available for an employee in one Federal fiscal year, the number of hours utilized in the immediately preceding Federal fiscal year is to be deducted from the equivalent to 30 times the average daily hours normally scheduled to work. The difference is the number of hours of military leave available for the employee in the current Federal fiscal year. The normal number of hours would be 30 times 8 for a traditional scheduled employee.

8.6 LEAVE WITHOUT PAY (LWOP)

It is imperative that the Administrative Services Office be notified immediately when an employee goes on a LWOP status for more than 40 hours. Do not wait to inform the Administrative Services Office until the Time and Attendance Report is submitted.

As long as the employee is in a paid status at least 50 percent of the pay period, he/she will continue to receive insurance benefits. However, while in LWOP status, to maintain insurance coverage, they must continue to pay the employee and employer premium share. Due to various deductions it is difficult to determine how much is required. Once a partial paycheck is inadequate to meet the premium requirements, insurance coverage ceases unless the employee personally pays the full amount of both shares of the premium. This action must take place early in the LWOP status. Any delay or error could cause insurance coverage to lapse.

The following excerpt from the insurance manual explains the impact of such an error:

When your employee goes on LWOP, it is the Human Resources office's responsibility to inform him/her that if the employee does not pay the premiums, the insurance will be cancelled.

2. The Human Resources office will also inform the employee that if the insurance is canceled, when he/she returns to work, the following rules will apply:

- a. Basic and long-term disability insurance will be effective the first day of the month following his/her return to work.
- b. The employee cannot have any medical insurance until the next Open Enrollment.
- c. The employee cannot have Supplemental Life and/or Dependent Life until the next Open Enrollment.
- d. An employee on LWOP in excess of 39 hours does not accrue leave or other benefits.

An employee on Military Leave may drop his/her insurance coverage (and premium payment) during the time encompassed on the orders and still return to being covered as long as there is no break in service between state-to-military-to-state service cycles. Supervisors are responsible for explaining to the employee that he/she will have no state insurance coverage under such circumstances.

8.7 LEAVE ACCRUAL RATES FOR FIREFIGHTERS

Firefighters will accrue leave at the rate appropriate to their time in state service according to the following schedule:

Firefighter - Based upon 112 hours per pay period
Bi-Weekly Accrual Credits in Hours

	<u>Full-Time</u>	<u>3/4 Time</u>	<u>1/2 Time</u>	<u>1/4 Time</u>
Less than three years	5.1692	3.8769	2.5846	1.2923
(Annual adjustment rate)	+0.0003	+0.0006	+0.0004	+0.0002
More than 3 but less than 7 years	6.4614	4.8460	3.2307	1.6153
(Annual adjustment rate)	+0.0031	+0.0040	+0.0018	+0.0022
More than 7 but less than 15 years	7.7537	5.8152	3.8768	.9384
(Annual adjustment rate)	+0.0023	+0.0048	+0.0032	+0.0016
More than 15 years	9.0461	6.7845	4.5230	2.2615
(Annual adjustment rate)	+0.0014	+0.0030	+0.0020	+0.0010

8.7.1 Sick Leave

Sick leave will be accrued at the rate indicated on the following chart:

Firefighter - Based on 112 hours per pay period
Bi-Weekly Sick Leave Accrual Credits in Hours

	<u>Full-Time</u>	<u>3/4 Time</u>	<u>1/2 Time</u>	<u>1/4 Time</u>
Less than three years	5.1692	3.8769	2.5846	1.2923
(Annual adjustment rate)	+.0003	+.0006	+.0004	+.0002

8.7.2 Military Leave

Military leave will be charged on an hour-for-hour basis and general rules governing administration will apply. (See paragraph 8.5)

8.7.3 Administration of Firefighters Leave

An employee transferring into a Firefighter position from another classification, and who is entitled by the provisions of state service to transfer a leave balance, will transfer the exact leave balance accrued; no compensation will be made to equate that balance to the higher Firefighter rate.

The maximum Annual Leave balance that can be accrued by a firefighter as of the end of each calendar year is 336 hours.

Leave will be charged at the rate of one hour per one hour absent, based upon the 112/144 hour normal pay period for Firefighters.

8.8 FAMILY AND MEDICAL LEAVE

In accordance with the Family and Medical Leave Act (FMLA), the Department of Emergency & Military Affairs will grant job-protected, unpaid family and medical leave to eligible employees for up to 12 weeks per 12-month period for any one or more of the following reasons:

- 1 The birth of a child. In order to care for such child or the placement of a child with the employee for adoption or foster care, leave for this reason must be taken within the 12-month period following the child's birth or placement with the employee.

2. In order to care for an immediate family member i.e., spouse, child or parent of the employee, if such immediate family member has a serious health condition.
3. The employee's own serious health condition that makes the employee unable to perform the function of his/her position.

8.8.1 Definitions

8.8.1.1 12-Month Period means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.

8.8.1.2 Spouse does not include unmarried domestic partners. If both spouses work for the state of Arizona Department of Emergency & Military Affairs, their total leave in any 12-month period may be limited to an aggregate of 12 weeks if the leave is taken for either the birth or placement for adoption or foster care of a child or to care for a sick parent.

8.8.1.3 Child means a child either under 18 years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's "child" is one for whom the employee has actual day-to-day responsibility for care and includes a biological, adopted, foster or stepchild.

8.8.1.4 Serious Health Condition means an illness, injury, impairment, or a physical or mental condition that involves:

- 1 Any period of incapacity or treatment in connection with or consequent to inpatient care, i.e., an overnight stay in a hospital, hospice or residential medical care facility.
2. Any period of incapacity requiring absence from work for more than three calendar days and that involves continuing treatment by a health care provider.
3. Continuing treatment by a health care provider for a chronic or long-term health condition that is incurable or which, if left untreated, would likely result in a period of incapacity of more than three calendar days.
4. Prenatal care by a health care provider.

8.8. .5 Continuing Treatment means the employee or family member in question is:

Treated for two or more times for the injury or illness by a health care provider. Normally this would require visits to the health care provider or to a nurse or physician's assistant under direct supervision of the health care provider.

2. Treated for the injury or illness two or more times by a provider of health care services, e.g. physical therapist, on referral from or under the direction of a health care provider.
3. Treated for the injury or illness by a health care provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the health care provider.
4. Under the continuing supervision of, but not necessarily being actively treated by a health care provider due to a long-term or chronic condition or disability which cannot be cured.

8.8.2 Coverage and Eligibility

An eligible employee, for the purposes of the FMLA, is an employee who:

1. Is a state service employee.
2. Has been employed by the State of Arizona for at least 12 months.
3. Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave; the minimum of 1,250 hours of service is determined according to the principles of the Fair Labor Standards Act, and are determined by actual hours worked. Actual hours worked does not include any type of leave.

If at any time the employee notifies employer that they will not be returning to work, FMLA leave entitlement shall cease.

8.8.3 Intermittent or Reduced Leave

An employee may take leave intermittently (a few days or a few hours at a time) or on a reduced leave schedule to care for an immediate family member with a serious health condition or because of a serious health condition of the employee when "medically necessary".

"Medically necessary" means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule.

2. The employee may be required to transfer temporarily to a position with equivalent pay and benefits that better accommodates recurring periods of leave when the leave is planned, based on scheduled medical treatment.

An employee may take leave intermittently or on a reduced leave schedule for birth or placement for adoption or foster care of a child with the written approval of the corresponding Division Director.

For part-time permanent employees and those who work variable hours, the FMLA entitlement is calculated on a pro rata basis. A weekly average of the hours worked over the 12 weeks prior to the beginning of the leave will be used for calculating the employee's normal workweek.

8.8.4 Paid Leave

An employee on Family Leave will be required to use appropriate accrued leave as mandated by the ADOA Personnel Rules. The rules provide for exceptions to an employee having to use accrued leave, i.e., Parental Leave, Leave Without Pay for less than 80 hours.

When an employee has used accrued annual leave time for a portion of family/medical leave, the employee may request an additional period of leave without pay to be granted so that the total of paid and unpaid leave provided equals 12 weeks.

8.8.5 Notice Requirement

An employee is required to give 30 days notice in the event of a foreseeable leave. A "Request for Family Medical Leave" form should be completed by the employee and returned to the DEMA State Human Resources Office, Attn: DEMA/JP-P. In unexpected or unforeseeable situations, an employee should provide as much notice as is possible, usually verbal notice within one or two business days of when the need for leave becomes known, followed by a completed "Request for Family Medical Leave" form.

If an employee fails to give 30 days notice for a foreseeable leave with no reasonable excuse for the delay, the leave may be denied until 30 days after the employee provides notice.

8.8.6 Medical Certification

When leave is taken because of the employee's or a covered family member's serious health condition, the employee must submit a completed "Physician or Practitioner Certification" form to the Administrative Services Office. The employee must provide medical certification within 15 days after requested or as soon as is reasonably possible. Such a certificate must include adequate detail to allow the supervisor to make a proper judgement as to the advisability of the employee's return to work.

Agency management may require a second or third opinion (at its own expense), periodic reports on the employee's status and intent to return to work, and a fitness-for-duty report to return to work.

All documents related to the employee's or family member's medical condition will be held in strict confidence. These documents will be maintained in the employee's medical records file, not in the employee's personnel file.

8.8.7 Effect on Benefits

An employee granted leave under this policy will continue to be covered under the employee's group health insurance plan under the same conditions as coverage would have been provided if they had been continuously employed during the leave period.

Employee contributions will be required either through payroll deduction or by direct payment to DEMA/JP-P for forwarding to the ADOA Benefits Office. The employee will be advised in writing at the beginning of the leave period as to the amount of the required payment and asked to identify their payment choice. Employee contribution amounts are subject to any change in rates that occur while the employee is on leave. If an employee's contribution is more than 30 days late, the state may terminate the employee's insurance coverage.

If the employee fails to return from unpaid family/medical leave for reasons other than the continuation of a serious health condition of the employee or a covered family member or from circumstances beyond the employee's control (certification required within 30 days of failure to return for either reason), agency management will seek reimbursement from the employee for the portion of the premiums paid by the state on behalf of that employee (also known as the employer contribution) during the period of leave.

An employee is not entitled to seniority or benefit accrual during periods of unpaid leave, but will not lose anything accrued prior to leave.

8.8.9 Job Protection

If the employee returns to work within 12 weeks following a Family Medical Leave, the employee will be reinstated to the employee's former position or to an equivalent position with equivalent pay, benefits, status and authority.

The employee's restoration rights are the same as they would have been had the employee not been on leave. Thus, if the employee's position would have been eliminated or the employee would have been terminated, without the leave, the employee would not have the right to be reinstated upon return from leave.

If the employee fails to return within 12 weeks following a Family Medical Leave, the employee will be reinstated to the employee's same or similar position, only if available, in accordance with applicable laws and Personnel Rules. If the employee's same or similar position is not available; the employee may be separated without prejudice.

NOTE: If any discrepancies exist between this policy and the FMLA and/or Arizona Revised Statutes or any other state policies and/or rules, the FMLA and/or Arizona Revised Statute or state policy and/or rules will prevail.

8.8.9 Family Medical Leave Forms To Be Submitted By the Employee

Request for Family Medical Leave

2. Physician or Practitioner Certification
3. Family Member/Serious Health Condition or Employee Serious/Health Condition

8.8.10 Approval/Disapproval

Approval/Disapproval of Family Medical Leave is by the Administrative Services Officer.

8.9 DONATED ANNUAL LEAVE

Department of Emergency & Military Affairs has established the following guidelines and procedures for the contribution and transfer of annual leave.

8.9.1 Policy

According to Personnel Rule R2-5-403.E. Contribution of Annual Leave: one employee may contribute annual leave to another employee in the same agency who has a seriously incapacitating and extended illness or injury provided that the recipient employee has exhausted all appropriate leave balances.

Information regarding an employee's need for donation of annual leave will be announced by the Administrative Services Office. Information notices are limited to identifying the employee with the need for leave and should refer prospective donors to the Administrative Services Officer. There shall be no suggestion of pressure on employees to donate leave.

8.9.2 Responsibility

The approving authority for transfers of annual leave is the Manager, ADOA CaMP Human Resources Office.

8.9.2.1 Eligibility

- a. The donating and receiving employees (includes covered and non-covered employees) must be eligible to accrue and use annual and sick leave.
- b. The donating and receiving employees must be employees of the same agency.
- c. The illness or injury must be seriously incapacitating and extended.

The receiving employee who is seriously incapacitated or ill must have exhausted all sick and annual leave.

If an immediate family member is the one seriously incapacitated or ill, the receiving employee must have used 40 hours of sick leave, if available and not previously used for family sick leave in accordance with personnel rules, and all annual leave.

8.9.3 Definitions

8.9.3.1 *Donor* means an employee who is eligible to donate leave to another individual and does so in writing.

8.9.3.2 *Employee* means any employee eligible to accrue leave.

8.9.3.3 *Extended* means a period of three or more weeks of absence from the job due to illness or injury.

8.9.3.4 *Immediate Family Member* means the employee's spouse and child, whether natural, adopted, foster or step.

8.9.3.5 *Medical Statement* means a written document, on appropriate letterhead, which reflects a *full diagnosis of the illness* and a *prognosis to include anticipated date of recovery*, provided by a licensed health care practitioner.

8.9.3.6 *Recipient* means an employee who is eligible to receive donation of annual leave by meeting the defined criteria.

8.9.3.7 *Seriously Incapacitating* means any serious illness or injury which confines the employee or immediate family member to home or bed for an extended period of time.

8.9.4 Procedures

1. The employee wishing to receive donated annual leave or the employee's representative will send a memo (Exhibit A) to the immediate supervisor requesting such donation, accompanied by a medical statement.
2. The supervisor will prepare a Recommendation for Approval memo as shown in Exhibit B and forward it through the Administrative Services Office, to the CaMP Human Resources Office.
3. The CaMP Human Resource Office will review the information and inform the DEMA Administrative Services Officer of approval or disapproval.

4. If the request cannot be approved, the Administrative Services Office will inform the employee of the reason. (Exhibit C) If the employee or the employee's immediate family member is eligible (approved), the DEMA Administrative Services Office will inform the payroll office (Exhibit D) that transfer of annual leave is authorized.
5. Following confirmation of eligibility, an informational notice may be posted (Exhibit E).
6. An agency employee may contribute one or more hours of annual leave to another employee of that same agency who has been authorized to receive donated annual leave by sending a memo (Exhibit F) to the Administrative Services Office.
7. The Administrative Services Office will inform the Payroll Office that the donor employee is eligible to donate leave, and provides instructions to the Payroll Office as to informing the donor about the disposition of the leave when the need for the leave has ended (Exhibits G and G-1, respectively).
8. Once the need for leave has been approved, an employee who then receives a partial medical release to return to work may continue to receive transferred annual leave until the employee receives a full medical release from a licensed health care practitioner.
9. The Payroll Office maintains documents and posts donated leave to the employee's payroll record. The Payroll Office will assure that all annual leave will be used on a proportional basis and will return any unused annual leave on a proportional basis. The Payroll Office will also maintain an adequate audit trail.
10. The dollar value of annual leave donated will be adjusted proportionately in relation to the salary of the employee donating leave. For example: A pay grade 20 donor donates two hours annual leave at \$19.4875 per hour to a pay grade 9 recipient at \$6.2768 hours available ($\$19.4875 \times 2 = \39.975 divided by $\$6.2093 = 6.2768$).
11. All unused leave donated to the recipient is returned to the donors in the order received, on a pro-rata basis, if the recipient separates from State service, recovers prior to using all leave donated or the need for leave is otherwise abated (Exhibit G-1.). For example: A pay grade 20 donor has donated eight hours annual leave at \$19.4875 per hour to a pay grade 9 recipient at \$6.2093 per hour. This will allow 25.1075 hours for the grade 9 ($8 \text{ hours} \times \$19.4875 = \155.90 divided by $\$6.2093 = \25.1075). If only four hours are used ($\$6.2093 \times 4 = \24.8372), the dollar amount is subtracted from the amount donated ($\$155.90 - \24.8372) resulting in the return of \$131.0628. That allows restoration of 6.7254 hours to the donor ($\$131.0628$ divided by \$19.4875).
12. Once the need for leave is terminated, the leave donation payroll documentation will be returned to the Administrative Services Office for the official files.

INTERVIEWING TIME

Subject to the operational needs of the Department of Emergency & Military Affairs, supervisors are encouraged to allow employees time off (travel plus interview time) with pay to go to an interview and/or a physical examination for another job offered by other state agencies or state universities. Requests for time off with pay should be submitted at least one day in advance if possible, and approval depends on the unit's ability to provide time off. Supervisors shall approve requests in compliance with this policy. Authorized time off with pay for interviews under this policy shall not exceed two hours. If more time is needed, the employee will need to use annual leave, earned comp time or leave without pay.

Hiring supervisors are encouraged to conduct interviews by telephone when the applicant lives more than 50 miles from the interview site. However, if the applicant is a current Agency employee and the hiring supervisor determines that a face-to-face interview is in the best interest of the Department, the supervisor will, subject to operational needs, grant the employee time off with pay (travel time and interview time) without requiring the employee to use annual or compensatory leave or leave without pay.

No reimbursement shall be granted for mileage or meals, nor will state vehicles be authorized for use.

Hourly employees (clerical pool, temporary, and seasonal) may request leave and take, at the supervisor's discretion, leave without pay to attend state service interviews. Requests for leave without pay should be submitted at least one day in advance if possible, and approval depends on the unit's ability to provide time off.

RECOGNITION LEAVE

The Adjutant General has the authority to grant a limited amount of Recognition Leave to employees of the agency. The number of days leave available is governed by the ADOA Personnel Rules.

This leave is treated as an award for performance and is only granted in writing. The award letter serves as the authorizing document for the leave. Use of the leave must be coordinated with the employee's supervisor and must be requested and approved in writing in advance of use. All Recognition Leave must be used within 1 year from the date of award letter or it is forfeited.

The Administrative Services Officer will track Recognition Leave availability and usage and coordinate with management to ensure it is effectively used.

EXHIBIT A

MEMORANDUM

DATE:

TO: _____
(Name of Immediate Supervisor, Title)

FROM: _____
(Name of Employee, Social Security #)

SUBJECT: REQUEST TO RECEIVE DONATION OF ANNUAL LEAVE

I have exhausted all appropriate leave balances and am unable to return to work because of an (illness/injury) which occurred on (date) to (Employee or Immediate family member) , and which continues to require my absence until (projected date). I have obtained a written statement from my attending physician which explains in detail the nature of the problem and the anticipated date I will be able to return to work. That statement is attached. My illness/injury is non-job related.

EXHIBIT B

MEMORANDUM

DATE:

TO: Capitol Mall Human Resources Office

THROUGH: Administrative Service Office, DEMA JP/P

FROM: _____
(Supervisor)

SUBJECT: RECOMMENDATION FOR APPROVAL OF DONATION OF ANNUAL LEAVE

I have received necessary documentation from (employee) attesting to the
(Print employee's name)
need for assistance through the donation of annual leave. I have confirmed with agency payroll that the individual has exhausted all accrued annual and sick leave (as appropriate) or will exhaust it by _____. I recommend approval.

EXHIBIT C

MEMORANDUM:

DATE:

TO: Employee

FROM: Administrative Services Office, DEMA JP/P

SUBJECT: TRANSFER OF ANNUAL LEAVE

We regret that your request for transfer of annual leave is returned without authorization, since it does not meet the requirements set forth in Personnel Rule R2-5-403.E. for the Annual Leave Transfer Procedure with respect to the following:

You are not eligible to accrue leave.

_____ The length of absence from the job does not meet the criteria of extended (i.e. a period of three or more weeks of absence from the job due to illness or injury).

_____ Insufficient information from your doctor to make a determination as to whether the illness/injury is seriously incapacitating. The medical statement provided by a licensed health care practitioner on appropriate letterhead must reflect a full diagnosis of the illness and a prognosis to include anticipated date of recovery.

Other (specify)

EXHIBIT D

MEMORANDUM:

DATE:

TO: DEMA Payroll Office

FROM: Administrative Services Office, DEMA JP/P

SUBJECT: AUTHORIZATION TO TRANSFER ANNUAL LEAVE

The official personnel records have been reviewed and the employee and (if applicable) the immediate family members meet the eligibility requirements set forth in the Department of Administration, Personnel Rule R-2-5-403.E.1. This will authorize the transfer of annual leave.

EXHIBIT E

INFORMATIONAL NOTICE:

SUBJECT: NEED FOR DONATION OF ANNUAL LEAVE

(Employee Name), an employee in the (division name) will be absent for approximately _____ weeks due to a serious illness or injury and does not have enough leave to cover this time. All accrued annual and sick leave has been or will be exhausted by (date).

Information on procedures for donating annual leave to the employee is available from the Administrative Services Office.

EXHIBIT F

MEMORANDUM

DATE:

TO: Administrative Services Office, DEMA JP/P

FROM: _____
(Donor Employee, Social Security #)

SUBJECT: DONATION OF ANNUAL LEAVE

Under the provisions of the Department of Administration, Personnel Rule R-2-5-403.E. I wish to donate (number) hours annual leave to (employee).

I understand that all unused annual leave I have donated to this individual will be returned to me on a proportional basis as determined by the agency payroll office.

EXHIBIT G

MEMORANDUM:

TO: Payroll Office

FROM: Administrative Services Office, DEMA JP/P

SUBJECT: TRANSFER OF ANNUAL LEAVE

DATE:

The official personnel records have been reviewed and the employee is eligible to donate annual leave. Please complete the statement as shown and return when action is completed.

EXHIBIT G-1

MEMORANDUM:

DATE:

TO: Donor Employee

FROM Payroll Office

SUBJECT: TRANSFER OF ANNUAL LEAVE

The (number) hours donated with a dollar value of \$ _____ have been removed from your accrued annual leave balance and transferred to the annual leave balance of (recipient). The actual number of hours posted to the recipient are (number), who was at zero balance prior to the transfer.

The restoration of (number) hours annual leave to your account based on termination of the need for leave by (recipient) has taken place. The (\$ amount) that was available for restoration is provided for your information.

cc: Administrative Service Office, DEMA JP/P